

DECLARATION FOR PATENT APPLICATION	Attorney Docket: 27037 Page 1 of 2
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As a below-named inventor(s), I/we hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) is/are as stated below next to my/our name(s).

I/we believe I/we am/are the original inventor, first and sole (if only one name is listed below) or the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:
SURGICAL DEVICE AND METHOD FOR CUTANEOUS DETACHMENT OF SKIN

the specification of which: (check one)
☐ is attached hereto.

☒ was filed on 13 April 2004, as Serial No. PCT/BR2004/000054,

and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined by 37 CFR § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications:

<u>P10301879-2</u> (Application No.)	<u>BR</u> (Country)	<u>14 / Apr / 2003</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	<u> / / </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	<u> / / </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/we hereby appoint the Practitioners associated with the following Customer Number:

Customer Number 20529

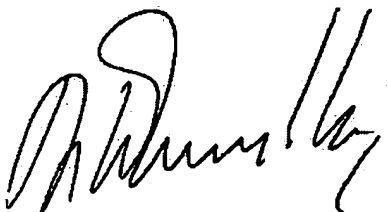
Direct Telephone Calls to:

Gary M. Nath
(202) 775-8383

Send Correspondence to:
KATH & ASSOCIATES, PLLC
Sixth Floor
1030 15th Street, N.W.
Washington, D.C. 20005 U.S.A.

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I/we acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S. Application Serial No.)	(U.S. Filing Date)	(Status--patented, pending, abandoned)
_____ (U.S. Application Serial No.)	_____ (U.S. Filing Date)	_____ (Status--patented, pending, abandoned)



DECLARATION FOR PATENT APPLICATION

Attorney Docket: 27037
Page 2 of 2

I/we hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s) _____

Filing Date _____

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. ' 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Dilson Pereira Da LUZ

Inventor's Signature _____

Date: _____

Residence: Rua Gramado, 972, Candelas, 54478090 Jaboatao dos Guararapes-PE, BRAZILCountry of Citizenship: BRAZILPost Office Address: same as above

Full name of second inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of third inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of sixth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____